



CSA REC SOCCER WAIVER & DOCUMENTATION PACKET – SPRING 2021

**The following registration paperwork is required for
players that did not participate with CSA in the Fall 2020 season.**

Player Name:	
Player Birth Year:	
Parent Name:	
Contact Mobile #:	

PACKET COMPLETION CHECKLIST

**Please provide a COMPLETE packet for EACH PLAYER that
DID NOT PARTICIPATE in the Fall 2020 Season.**

**Please do not turn in incomplete packets!
Staple all materials together with this cover sheet.**

	This Cover Sheet with player name and age group.
	One SIGNED copy of medical waiver/liability release. All players must complete a Medical Consent/Waiver of Liability Form every year. This form requires an original (not electronic) parent/guardian signature.
	One SIGNED copy of the CSA/NCYSA Communicable Disease Waiver
	Copy of Birth Certificate or Passport

South Carolina Residents Only

Interstate Permission Form and \$10 payment need to be completed on the SCYSA website. Please follow directions on: <http://scysa-scoos.sportsaffinity.com/reg/index.asp> and attach copy of receipt. If completed in the Fall, it is not necessary to complete it again.

If your player was born outside of the 50 United States:

The Soccer Federation is requiring that all foreign born players or foreign born US Citizens complete additional paperwork. If your son/daughter was NOT born in the 50 United States please download, print and complete the required paperwork <https://www.csarecsoccer.com/Default.aspx?tabid=913166>. Attach completed paperwork to this packet. This is a ONE-TIME requirement. If previously submitted to CSA you do not need to submit it again!

Registration Packets must be handed in during the first two weeks of practices at your practice location. Look for CSA staff.

**Complete packets only - one packet for each player!
No faxes or emails.**

Questions: Please contact Valerie Umling at vumling@charlottesocceracademy.com

NORTH CAROLINA Medical Consent / Waiver of Liability and Release

(To be given to your local association)

20 ____ - 20 ____

NCYSA

PO Box 18229
Greensboro, NC 27419
336.856.7529

NCYSA Policy # _____
Excess policy to any valid and collectible insurance. If there is no primary insurance on insurance on a player, this policy is primary after the deductible.

Player First Name (AS APPEARS ON BIRTH CERTIFICATE)	M Initial	Last Name	Full Association Name	Jersey #
		[] Academy [] Challenge [] Classic [] Recreation		[] Male [] Female
Birth Date	Level		Sex	
Address of Player	City	State	Zip	
Parent/Legal Guardian Full Name	Home Phone	Work Phone	Cell Phone	
Additional Person to Contact in an Emergency	Address	Home Phone	Cell Phone	
Date of Last Tetanus Shot	Medications now being taken			
Player is Allergic to these Medications and Substances				
List any Unusual Health Information			Parent Email For Soccer Information	

I (we), the undersigned, residing in the county of _____, state of _____, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Association.

I (we) agree that we and the Registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS and NCYSA accepting the Registrant for their soccer programs and activities (the "Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Programs and/or being transported to or from the same, which transportation we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advise of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

Insurance Information:

Name of Insurance Company: _____

**Parent/Legal Guardian Signature

ID Number: _____

**No Electronic Signature Permitted

Confirmation Number: _____

Date

Original (Team)

Copy (Association)

**CHARLOTTE SOCCER ACADEMY AND NCYSA
COMMUNICABLE DISEASE
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

In consideration of being allowed to participate in any way in any North Carolina Youth Soccer Association (NCYSA) and/or Charlotte Soccer Academy (CSA) related events and activities I, the undersigned participant and parent (or legal guardian) acknowledge, appreciate, and agree that:

By participating in NCYSA and/or Charlotte Soccer Academy related events and activities, there are certain risks to me arising from or related to possible exposure to communicable diseases including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2, which is responsible for the Coronavirus Disease (also known as COVID-19) and/or any mutation or variation thereof (collectively referred to as "Communicable Diseases"). I am fully aware of the hazards associated with such Communicable Diseases and knowingly and voluntarily assume full responsibility for any and all risk of personal injury, illness or other loss that I may sustain in connection with such Communicable Diseases.

I, for myself and for my minor child(ren) or ward(s), and on behalf of my/our heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, **HEREBY EXPRESSLY RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE NORTH CAROLINA YOUTH SOCCER ASSOCIATION AND Charlotte Soccer Academy** and its officers, directors, officials, agents, representatives, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which NCYSA and CSA related events and activities take place (the "Released Parties"), from any and all claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, whether in law or equity, arising out of or related to any **ILLNESS, INJURY, DISABILITY, DEATH, OR OTHER DAMAGES** incurred due to or in connection with any Communicable Diseases, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE**, to the fullest extent permitted by law.

I agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of North Carolina, and if any portion hereof is held invalid, it is agreed that the remainder shall continue in full legal force and effect.

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION) AND PLAYERS AGE 18 OR OLDER.

I certify that I am the legal parent/guardian with responsibility for the registered participant, and that I have read this Agreement and do consent and agree to his/her release of all the Released Parties as provided above. I further agree that, for myself, my heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, I expressly release and agree to indemnify and hold harmless the Released Parties from any and all liability incident to the above Participant's involvement or participation in Charlotte Soccer Academy related events or activities as provided herein, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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Parent/Guardian Signature

Date